

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004132

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

435

STATE FILE NUMBER

FILED JAN 19 1962

1. PLACE OF DEATH

a. COUNTY St. Louis, Mo.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Mo.

Length of stay in lb

18 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION City Hosp.-IInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY

Inside Limits
Yes ☒ No ☐c. CITY
OR
TOWN St Louis

d. STREET ADDRESS (If outside, give location)

46279 DELMAR BLVD

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

M. C.

First

Middle

Lloyd

Last

4. DATE
OF
DEATHMonth
I/7/62

Day

Year

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-19-1920

9. AGE (last birthday)

41

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PORTER

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

DEWITT ARK

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

MACK Lloyd

13b. MOTHER'S MAIDEN NAME

LONA EDWARDS

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MACK Lloyd 1042 MC CAUSLAND

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART VII. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

I2/I8/61

20f. CITY, TOWN, OR LOCATION

I/7/62

COUNTY

STATE

21. I attended the deceased from I2-55p.m.

to

and last saw her alive on I/7/62

Death occurred at

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

John M. Donoghue M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

1/8/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

BURIAL

23b. DATE

1-14-61

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK

23d. LOCATION (City, town, or county)

BERKLEY

COUNTY

22

STATE

MO

24. FUNERAL DIRECTOR

PRICE UND CO.

ADDRESS

2829 WASHINGTON

25. DATE RECD. BY LOCAL REG.

JAN 11 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

SEP 1 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Tenth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.